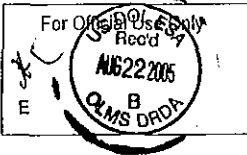


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1489</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>MALCOLM K. AHLO, SR.</u> P.O. Box, Bldg., Room No., if any Street <u>2240 YOUNG STREET</u> City <u>HONOLULU</u> State <u>HAWAII</u> ZIP Code + 4 <u>96826</u>	4. Name, file number, and address of labor organization. Name <u>CARPET LINOLEUM & SOFT TILE LOCAL UNION 1926</u> Labor Organization File Number <u>063685</u> P.O. Box, Building and Room Number, if any Street <u>2240 YOUNG STREET</u> City <u>HONOLULU</u> State <u>HAWAII</u> ZIP Code + 4 <u>96826</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE/FINANCIAL-SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Malcolm K. Ahlo Sr.

On 8/15/05 942-3988
Date Telephone Number

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

Name of Person Filing MALCOLM K. AHLO, SR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CARPET LINOLEUM & SOFT TILE LOCAL UNION 1926 TRAINING FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 222 SOUTH VINEYARD STREET, PH4</p> <p>City HONOLULU</p> <p>State HAWAII ZIP Code + 4 96813</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CARPET LINOLEUM & SOFT TILE LOCAL UNION 1926 TRAINING FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 222 SOUTH VINEYARD STREET, PH4</p> <p>City HONOLULU</p> <p>State HAWAII ZIP Code + 4 96813</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; padding: 10px;">2004 SURFACES EDUCATIONAL CONFERENCE</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$2083.00</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing MALCOLM K. AHLO, SR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: CARPET LINOLEUM & SOFT TILE LOCAL UNION 1926 MARKET RECOVERY FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: 222 SOUTH VINEYARD STREET, PH4 City: HONOLULU State: HAWAII ZIP Code + 4: 96813	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: CARPET LINOLEUM & SOFT TILE LOCAL UNION 1926 MARKET RECOVERY FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: 2240 YOUNG STREET City: HONOLULU State: HAWAII ZIP Code + 4: 96813	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">2004 HUB EDUCATIONAL CONFERENCE</div> 11.b. Approximate dollar value of such dealing. \$2774.00 12.a. Nature of interest held or income received. <div style="height: 100px;"></div>
12.b. Amount.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="height: 150px;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing MALCOLM K. AHLO, SR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES LABOR MANAGEMENT COOPERATION INITIATIVE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 1750 NEW YORK AVENUE, N.W.</p> <p>City: WASHINGTON</p> <p>State: D.C. ZIP Code + 4: 20005</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES LABOR MANAGEMENT COOPERATION INITIATIVE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street: 1750 NEW YORK AVENUE, N.W.</p> <p>City: WASHINGTON</p> <p>State: D.C. ZIP Code + 4: 20005</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">LABOR MANAGEMENT COOPERATION INITIATIVE MEETING</p> <p>11.b. Approximate dollar value of such dealing. \$201.00</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	

Name of Person Filing MALCOLM K. AHLO, SR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name RESILIENT FLOOR COVERING PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 985 ATLANTIC AVENUE, SUITE 300</p> <p>City ALAMEDA</p> <p>State CALIFORNIA ZIP Code + 4 94501</p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name RESILIENT FLOOR COVERING PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 985 ATLANTIC AVENUE, SUITE 300</p> <p>City ALAMEDA</p> <p>State CALIFORNIA ZIP Code + 4 94501</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">INVESTMENT MEETINGS SEMI-ANNUAL MEETING</p>
	<p>11.b. Approximate dollar value of such dealing. \$7252.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing **MALCOLM K. AHLO, SR.**File Number **U-**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WACHOVIA SECURITIES LLC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **500 ALA MOANA BOULEVARD, SUITE 400**City **HONOLULU**State **HAWAII** ZIP Code + 4 **96813**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **WACHOVIA SECURITIES LLC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **500 ALA MOANA BOULEVARD, SUITE 400**City **HONOLULU**State **HAWAII** ZIP Code + 4 **96813**

11.a. Nature of such dealing.

**2005 CALENDAR DIARY/US MINT' SILVER
EAGLE COIN**

11.b. Approximate dollar value of such dealing.

\$35.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.